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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

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69761

OR

☐ Practitioner(s) named below (if more than ten practitioners are to be named, then a customer number must be used):

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Assignee Name and Address:  
**HILL-ROM SERVICES, INC.**  
 300 Delaware Avenue, Suite 530  
 Wilmington, Delaware 19801

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>William A. Morrison</i>	Date	16 Apr 2007
Name	William A. Morrison	Telephone	(812)-934-8649
Title	Assistant Secretary		

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